

U.S. Open Wrestling and Kickboxing Fighting Smoker May 5th 2007 (Fight II)

welcome all styles of martial artist fighters to participate

SANSYOU/LIGHT SPARRING							
Category	Weight Class	X	Category	Weight Class	X	Category	Weight Class

Mark Your Rank/Division:

Adult Youth

A Division

B Division

C Division

Please PRINT the following information

Full Name: _____ Gender: _____ D.O.B: _____ Club/School: _____

Instructor: _____

Mailing Address: _____ City, State, Zip, Country: _____ E-mail: _____

Phone #'s: Day: _____ Evening: _____ Fax: _____

Please Check The Appropriate Division(s) Event(s) You Wish To Participate In

Single Signups: _____ x \$25.00 = _____ +\$ _____ = \$ _____ U.S.

USASKF Member _____ x \$2000 _____ + _____ = \$ _____

Chaperon Ticket: _____ x \$5.00 = \$ _____ U.S.

Spectator Ticket: _\$10_____ x # Tickets=\$_____ US

Total Amount Due: = \$_____ U.S.

Pre-Registration Fees: 1 time only fee, includes cost of first event in the single signup only

Single Signup = \$25.00 U.S.
USASKF Member \$20.00 US

Please send your payment to: US Open Fighting Smoker, 444 Azalea Rd. Mobile AL 36609	Official Use Only
	Date Received:
	Amount Paid:
	Payment Type:
	Check Number:

Statement of Waiver & Release of Liability

I, the undersigned, knowingly and without duress, do voluntarily submit this form to the said US Open Fighting Challenge 2007 organization committee and related organizations and affiliates (hereafter organization committee and affiliates). I do hereby assume all risk of personal, physical, or mental disabilities, injuries or losses, which may result from participating in the said US Open Fighting Challenge and acting for myself, my heirs, personal representatives, and assignees, I hereby release the said organization committee and affiliates, their officers, agents, representatives, servants, employees, and all other related members from all claims actions, suits, controversies and claims at law or in equity by stand that there is a risk in all activities, and I assume full responsibility for my actions, during and in connection with said organization committee and affiliates. I fully understand that any medical treatment given to me will be of the first aid type only, and I consent to such emergency treatment if deemed necessary. I further consent that any photos furnished by me, or any photos/videos taken of me in connection with the organization committee and affiliates can be used for publicity or television and I waive all compensation in regards thereto. *By signing your name and date below you indicate that you consent to the Statement of Waiver and Release of Liability above and that you are at least 18 years of age. If you are under 18 years of age, a parent must sign in lieu of the minor..*

Signature of Participant or Legal Guardian of Participant: _____ Date _____